

# The MCH Connection

## MCH Core Assurance Coordination: *Making the Connection*

### Welcome to *the MCH Connection*!

This quarterly newsletter is designed to assist local health department MCH Coordinators (MCH CAC) with navigating their roles and to provide news, helpful hints, upcoming trainings, and LHD testimonials.

This past autumn, MCH Division Staff visited five local health departments to participate in a “round-table forum” to discuss the design of the MCH Coordinator role in the context of the recent shift in delivering core public health services and how the **“Do or Assure”** model impacts the deliverables for all MCH programs. During these forums, 32 LHD units (76 counties) were given opportunities to share how they have adapted their practice to meet the model and provide suggestions towards the development of the MCH Coordinator role.

We appreciated the invitations to visit and would like to say a special **“thank you”** to the following local health departments for hosting these events: Lincoln Trail District, Floyd County, Northern KY Independent, Laurel County, and Hopkins County



**MCH  
CAC**

The **MCH CAC** is responsible for the coordination of healthcare services to assure optimal population-based outcomes for the following programs: *Prenatal, Pediatric, Child Fatality and Injury Prevention, and Childhood Lead Poisoning Prevention.*

The MCH CAC shall develop and maintain lines of communication and relationships with local care providers for women and children, local support agencies such as DCBS, and other local resources to facilitate the coordination of comprehensive care and support between the medical home, public health, and community agencies.

The MCH Coordinator *“Guidance Document”* and *“FAQs”* will assist with identifying key activities for each program.

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## WHAT IS CATALYST?

*Catalyst is a web-based data collection and reporting tool that tracks prevention and control activities for public health agencies.*

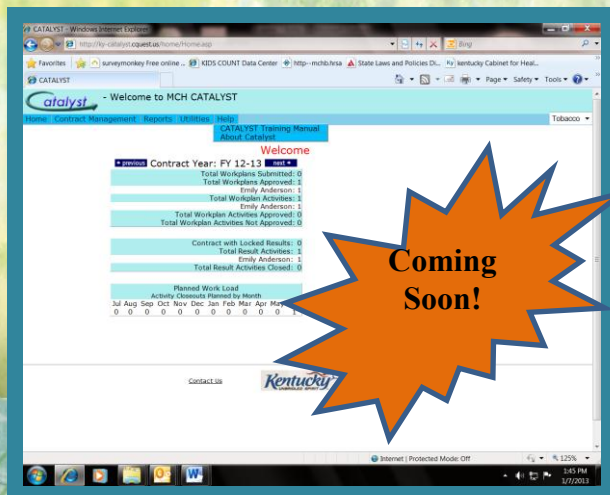
Catalyst will enable MCH Coordinators to document their activities, measure their effectiveness, and evaluate program outcomes by use of user-friendly reports to assist LHDs with quality improvement activities. Catalyst will be piloted in selected sites this winter prior to rolling out LHD user trainings and “going live” late spring 2013!

### Training Events

Catalyst training will begin in January 2013 at selected piloted sites. The pilot program will last approximately four weeks. Statewide Regional Catalyst trainings will occur after feedback from the pilot sites.

#### Catalyst Pilot Sites

Floyd County  
Green River District  
Lincoln Trail District  
Northern KY District



## FAQs



### Frequently Asked Questions:

*Why was the 766 cost center created?*

► The purpose of this cost center is to assist you in funding the staff time for those MCH core services that are not direct patient care/fee for service – e.g., CFR, grief counseling, childhood lead poisoning case management, getting prenatal or pediatric patients into a medical home, etc. It is not intended as a full salary support, but should help cover the staff time used for these core MCH activities. Since this is federal funding and you must show an expense to receive it, coding staff time to this will allow you to utilize it consistently.

*Can nurses doing clinical visits code setting up client appointments to 766?*

► No; making appointments for patients is part of a routine clinical visit and included in the clinical charges. The MCH Coordinator codes their time to set up appointments for clients not there for a clinical visit, but who show up and need help with patient navigation, or need help being linked to a service other than clinical. Hint: Think of this as a social worker/case management role, not a clinical role!

*What costs does the 766 allocation cover?*

► The *MCH Core Assurance Coordination Guidance Document* identifies the 766 cost allocation covers only staff salary and fringe for the MCH Coordinator role, providing only coordinator functions, not clinical services or clerical duties. Supplies and travel are not to be expensed through 766.

## Share Your Success!!

We would like to hear how your LHD has successfully incorporated the role of MCH Coordinator! Please send us your “success stories” to share in the next *MCH Connection*!

Send stories to: Emily Anderson at [emilya.anderson@ky.gov](mailto:emilya.anderson@ky.gov)







## “Helpful Hints”

### THE PRENATAL 439 REPORT



One of the activities of the MCH CAC is to review the newly revised monthly “Prenatal 439 E-Report”. This report will enable you to effectively monitor and track your agency’s prenatal services beginning at a patient’s positive pregnancy test, continuing from their initial prenatal visit, through delivery to their post-partum visit. Complete and accurate registration during “Intake” will assist in collecting electronic data to auto-populate the report!

Recently, MCH CAC’s were asked to complete a web-based survey comparing/contrasting the old and new reports. Below are examples of how some LHDs are utilizing the new report:

*“To outreach to potential HANDS families”*  
*“To follow-up with patients to make sure they’ve received their WIC”*  
*“To follow up and make sure all patients initiate prenatal care”*  
*“We print, pull the patient’s chart, and call patient to check insurance and prenatal care”*  
*“Copies given to HANDS and breastfeeding consultants”*  
*“We have used for follow up and Quality Assurance”*  
*“To assure that all positive pregnancy tests receive on-going prenatal care”*

**Essential data to capture at registration...**  
 \*Maiden Name  
 \*SSN  
 \*EDC  
 \*Date of Delivery

Questions pertaining to this report should be submitted to the KDPH Prenatal Coordinator, Trina Miller at 1-502-564-2154 x4406 or via [TrinaM.Miller@ky.gov](mailto:TrinaM.Miller@ky.gov)

## Meet Our Staff

### For General MCH Coordinator Questions:

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